								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD									1	_			
Effective October 1, 2003 10 723, 813													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	EN	TITY	OR	OTHER SMALL		
TOTAL CLAIMS. 31							RAT	E	FEE]	RATE	FEE	
FOR			NUMBER	FILED	NUMB	NUMBER EXTRA		FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			31 mir	านร 20=	* 1/		X\$ 9	=		OR	X\$18=	198	
INDEPENDENT CLAIMS			5 minus 3 = * 2				X43=			OR	X86=	172	
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+145		·	OR	+290=	1.6.	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	-	•			1 4 400	
CLAIMS AS AMENDED - PART II								L		OR	TOTAL	1,140	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR	X86=		
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+			000		
1, 10,19,28,30							+145			OR	+290=		
								ADDIT. FEE OR ADDIT. FEE					
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								. = = : 1				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	.		OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		On			
+14: TO										OR	+290=	•	
ADD										OR ,	TOTAL ADDIT. FEE		
		(Column 1)	0	(Colum		(Column 3)				_		.=.	
AMENDMENT C		REMAINING AFTER AMENDMENT	· .	NUME PREVIO PAID F	BER USLÝ	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=	X43=	+			X86=		
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						7,502	+		OR		 -	
+145=										OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE										OR ,	TOTAL ADDIT. FEE		
		mber Previously Pai					ound in the	appro	opriate box	in coli	umn 1.		